



Experience from Down Under....

Dr Bobby Smyth

Consultant Child & Adolescent Psychiatrist



E-CYMHS: an expansion of a child and youth telepsychiatry model in Queensland

Australasian Psychiatry
20(4) 333–337
© The Royal Australian and
New Zealand College of Psychiatrists 2012
Reprints and permission: [sagepub.co.uk/
journalsPermissions.nav](http://sagepub.co.uk/journalsPermissions.nav)
DOI: 10.1177/1039856212450756
apy.sagepub.com



<https://journals.sagepub.com/doi/pdf/10.1177/1039856212450756>

Jennylee Wood E-CYMHS Co-ordinator/Psychologist, Division of Child and Youth Mental Health Service, Royal Children’s Hospital Health Services, Spring Hill, QLD, Australia

Stephen Stathis Clinical Director, Child & Family Therapy Unit, Royal Children’s Hospital, Brisbane, QLD, Australia; The University of Queensland, Brisbane, QLD, Australia





[https://www.jaacap.org/article/S0890-8567\(08\)60154-9/pdf](https://www.jaacap.org/article/S0890-8567(08)60154-9/pdf)

Practice Parameter for Telepsychiatry With Children and Adolescents

JAACAP, 2008;47:(12); 1468-1483

- Principles

1. The Need for CAMHS and determine if Telepsychiatry Is an Option for Meeting That Need
2. The Sustainability of the Telepsychiatry Service Should Be Determined.
3. Determine Patient Population, Model of Health Service Delivery, & Services to be offered
4. Determine the Infrastructure Needed to Support the Services Provided
5. Legal and Regulatory Issues Should Be Determined.
6. Management Strategies for the Telepsychiatry Service Should Be Established
7. Determine appropriate Equipment and Technological Specifications

Practice Parameter for Telepsychiatry With
Children and Adolescents

- Principles (Cond)
 8. Quality and Clinical Outcome Indicators Should Be Developed
 9. Rapport, Confidence, & Collaboration With Staff at the Patient Site Should Be Fostered
 10. Informed Consent and Assent Procedures Should Be Established
 11. The Physical Setting Should Be Arranged, and the Virtual Relationship Should Be Established to Produce an Optimal Clinical Encounter
 12. Determine whether the Youth can be interviewed alone; If not, identify potential alternative means to conduct MSE
 13. Procedures for Prescribing Medications Should Be Established
 14. Families Should Be Informed About Procedures for Care Between Telepsychiatry Sessions, Including Procedures for Emergency or Urgent Care

Queensland



Whitsundays



Atherton



Longreach



Practicalities

- 2 days a week
 - Tablelands – 2 x half days
 - Whitsundays
 - Longreach
- Scheduled sessions
 - Rarely Urgent reviews – only 9am – 5pm
 - Emergencies dealt with locally







IF YOU MOVE ANY
EQUIPMENT IN OR FROM
THIS ROOM, THEN YOU
ARE RESPONSIBLE FOR
MOVING IT BACK TO ITS
ORIGINAL PLACE WHEN
FINISHED!!!

VIDEO CONFERENCE
DIAL IN
#34561099



Session Structure

- Case reviews / case discussion
- Face to face client reviews



Clinical Records

- CIMHA (Consumer Integrated Mental Health Application)
- Notes written by psychologist



Face to face client reviews

- Long distances
- Used to technology – lack of access of specialists
- Under 18s may be more comfortable with technology
- Parent / carer attends too
- Local case manager present
 - Non-verbal communication
- Cases quite “psychiatric”
 - Medication - scripts

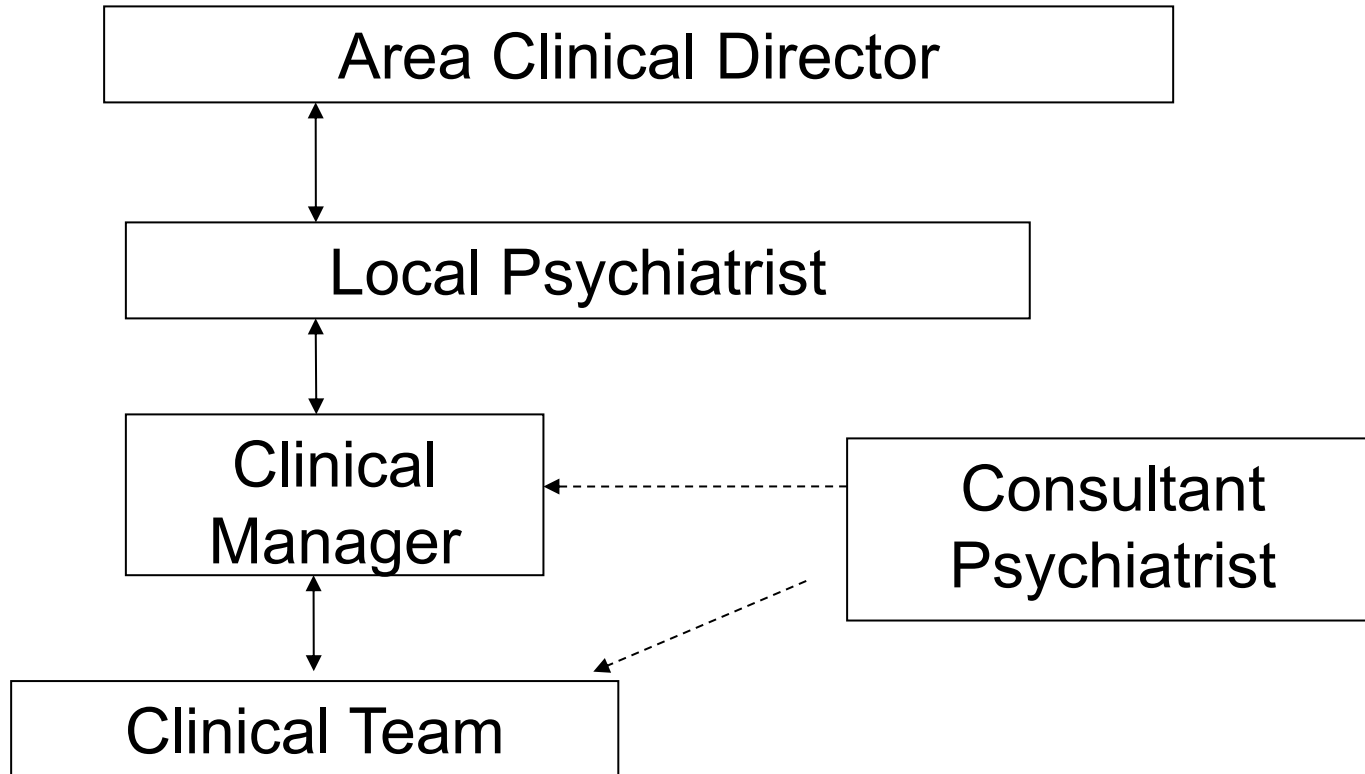
Site visits

- Visit location every 3 months
 - Hard work!



- Some team meetings, but mainly client reviews
- Rapport building
- Better understanding of context

Clinical Governance Structure



Legend

- ←→ Line of Clinical Accountability & Authority
- ←- - - -> Line of clinical advice & consultation

Reflections

- Happily do it again
- A close 'second best'
- Significant staff resource still needed during client reviews
- Managing staff dynamics & local 'politics'
 - Competencies – skill mix
- Clinical records – who keeps notes?
- Clear line of clinical decision making / clinical authority / clinical responsibility
- Translating models from abroad – funding mechanisms



Opportunities

- Adolescent Addiction Services



Tier 3 Multidisciplinary Team

- Outreach input
- Expertise in assessment of developmental issues
 - Child psychiatrist
 - Child psychologist
- Expertise in delivering evidence based individual psychotherapeutic interventions
 - Counselor
 - Nurse
 - Child care workers
- Expertise in systemic/family therapy
 - Family therapist (foundation level to masters)

Tier 3 Multidisciplinary Team

- Expertise in pharmacological treatment options for addiction disorders
 - Child psychiatrist
 - Psychiatry Reg
 - GP
- Expertise in treating co-morbid mental disorders
 - Child psychiatrist
 - Psychiatry Reg
- Access to expertise in child protection issues
 - SW
- **Competency based, not profession based**
- **Clinical leadership**

Why not?

